## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5835,210-US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18					RATE	FEE	7	RATE	FEE	
FC	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	/8 mir	nus 20=	*	_		X\$ 9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	mi	nus 3 =	*			X43=		OR	X86=		
ML	ILTIPĻE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	770		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	· (Colum			(Column 3)	٠ ـ	SMALL	ENTITY	OR	SMALL!	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		·X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	•	=	ļΓ	X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		\\	TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE (		, ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	** .		. =		X\$ 9=		OR	X\$18=		
ME	Independent	<b>±</b>	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
							L	TOTAL		OR	TOTAL	•	
	(Column 1) (Column 2) (Column 3)							ODIT. FEE		OR ,	ADDIT. FEE		
		(Column 3)	· –	· ·		F							
ENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATĖ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	Minus	frit		=	:	X\$ 9=		OR	X\$18=		
	Independent	*	Minus			=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	· ·				
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	<u>.</u>	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL DDIT. FEE		
		ber Previously Paid					r foun	d in the app	ropriate box	in colu	ımn 1.		